

EXHIBIT C

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OF COUNSEL
ROBERT C. BLUM

October 31, 2011

Kevin Denaro, Esq.
Bonfiglio & Asterita, LLC
900 South Avenue
Suite 101
Staten Island, NY 10314
Attorney for Defendants

RE: J.C. v. Lotito, et al
Docket No. : MON-L-997-11
Our File No.: C429

Enclosed please find the following documents:

(xx) Plaintiff's certified answers to Interrogatories

Thank you for your kind attention.

Very truly yours,



Russell Macnow, Esq.

RM:cap

Russell Macnow Attorney At Law, LLC
265 Route 34, Suite E
Colts Neck, NJ 07722
T (732) 780-0040
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Attorney for Plaintiff
Our File No.: C429

J.C., : SUPERIOR COURT OF NEW JERSEY
Plaintiff, : LAW DIVISION: MONMOUTH COUNTY
v. : DOCKET NO. MON-L-997-11
JOSEPH PATRICK LOTITO, ANTHONY : Civil Action
LOTITO, CLAUDIA LOTITO and JOHN :
DOES 1-100 (Fictitious Names), :
Defendants. : UNIFORM A INTERROGATORIES

TO: Kevin Denaro, Esq.
Bonfiglio & Asterita, LLC
Attorneys for Defendants

1. Full name, present address and date of birth.

[REDACTED]

2. Describe in detail your version of the accident or occurrence setting forth the date, location, time and weather.

On or about November 30, 2009, plaintiff was surreptitiously and without her consent videotaped having sexual relations by defendant, Joseph Patrick Lotito, while in the residence of defendants, Anthony and Claudia Lotito.

3. Detailed description of nature, extent and duration of any and all injuries.

Without limitation, major depressive disorder and generalized anxiety disorder resulting in feelings of abuse and loss of trust in men, sleep difficulties, stomach distress, insecurity and obsessional thinking. This question is subject to continuing investigation and discovery of facts up to and including the time of trial including direct and cross examination at the time of trial per discretion of trial counsel.

4. Detailed description of injury or condition claimed to be permanent together with all present complaints.

Without limitation, all injuries are claimed to be permanent.

5. If confined to a hospital, state its name and address, and dates of admission and discharge.

N/A.

6. If any diagnostic tests were performed, state the type of test performed, name and address of place where performed, date each test was performed and what each test disclosed. Attach a copy of the test results.

N/A.

7. If treated by any health care provider, state the name and present address of each health care provider, that dates and places where the treatments were received and the date of last treatment. Attach true copies of all written reports provided to you by any such health care provider whom you propose to have testify in your behalf.

Neil A. Glassman, LCSW, 717 North Beers Street, Suite 2B, Holmdel, New Jersey 07733. See the attached documents.

8. If still being treated, the name and address of each doctor or health care provider rendering treatment, where and how often treatment is received and the nature of the treatment.

Plaintiff still treats with Mr. Glassman on an as needed basis.

9. If a previous injury, disease, illness or condition is claimed to have been aggravated, accelerated or exacerbated, specify in detail the nature of each and the name and present address of each health care provider, if any, who ever provided treatment for the condition.

N/A.

10. If employed at the time of the accident, state: (a) name and address of employer; (b) position held and nature of work performed; (c) average weekly wages for past year; (d) period of time lost from employment, giving dates; and (e) amount of wages lost, if any.

Salt Creek Grill, Rumson, New Jersey. No lost wage claim

11. If there has been a return to employment or occupation, state:
(a) name and address of present employer; (b) position held and
nature of work performed; and (c) present weekly wages, earning,
income or profit.

On the advice of counsel, see answer to number 10

12. If other loss of income, profit or earnings is claimed: (a) state total amount of loss; (b) give a complete detailed computation of the loss; and (c) state the nature and source of the loss of income, profit and earnings, and the date of the deprivation.

N/A.

13. Itemize in complete detail any and all moneys expended or expenses incurred for hospitals, doctors, nurses, diagnostic tests or health care providers, x-rays, medicines, care and appliances and state the name and address of each payee and the amount paid and owed each payee.

Neil A. Glassman, LCSW **\$4,420.00**

14. Itemize any and all other losses or expenses incurred not otherwise set forth.

On the advice of counsel, any such losses will be identified if and when they become known.

15. Identify all documents that may relate to this action, and attach copies of each such document.

See the attached documents from the Monmouth County Prosecutor's Office and Neil A. Glassman, LCSW. The DVD which contains the recorded interview of Defendant, Joseph Lotito, may be viewed at this office at a mutually convenient date and time.

16. State the names and addresses of all eyewitnesses to the accident or occurrence their relationship to you and their interest in this lawsuit.

None known to the plaintiff other than defendant, Joseph Lotito. This question is subject to continuing investigation and discovery of facts up to and including the time of trial.

including direct and cross examination at the time of trial per discretion of trial counsel.

17. State the names and addresses of all persons who have knowledge of any facts relation to the case.

On the advice of counsel, and without limitation, all parties to this action, their agents, servants and employees, plaintiff's treating health care providers, officers from the Middletown Township Police Department, investigators from the Monmouth County Prosecutor's Office and others to be supplied per continuing investigation and discovery of facts up to and including the time of trial including direct and cross examination at the time of trial per discretion of trial counsel.

18. If any photographs, videotapes, audio tapes or other forms of electronic recording, sketches, reproductions, charts or maps were made with respect to anything that is relevant to the subject matter of the complaint, describe: (a) the number of each; (b) what each shows or contains; (c) the date taken or made; (d) the names and addresses of the persons who made them; (e) in whose possession they are at present; and (f) if in your possession, attach a copy, or if not subject to convenient copying, state the location where inspection and copying may take place.

None known to plaintiff.

19. If you claim that the defendant made any admissions as to the subject matter of this lawsuit, state: (a) the date made; (b) the name of the person by whom made, (c) the name and address of the person to whom made; (d) where made; (e) the name and address of each person present at the time the admission was made; (f) the contents of the admission; and (g) if in writing, attach a copy.

Yes. On May 7, 2010, defendant, Anthony Lotito, admitted before the Honorable Thomas F. Scully to videotaping plaintiff's intimate parts realizing he had no license or privilege to do so.

20. If you or your representative and the defendant have had any oral communication concerning the subject matter of this lawsuit, state: (a) the date of the communication; (b) the name and address of each participant; (c) the name and address of each person present at the time of such communication; (d) where such communication took place; and (e) a summary of what was said by each party participating in the communication.

Without limitation, plaintiff confronted defendant at which time he admitted to videotaping plaintiff without her consent.

21. If you have obtained a statement from any person not a party to this action, state: (a) the name and present address of the

person who gave the statement; (b) whether the statement was oral or in writing and if in writing, attach copy (c) the date the statement was obtained; (d) if such statement was oral, whether a recording was made, and if so, the nature of the recording and the name and present address of the person who has custody of it; (e) if the statement was written, whether it was signed by the person making it; (f) the name and address of the person who obtained the statement; and (g) if the statement was oral, a detailed summary of its contents.

On the advice of counsel, plaintiff objects to this Interrogatory to the extent it calls for the disclosure of information or production of documents protected by the attorney client and/or work product privileges. Notwithstanding said objection, plaintiff is not in possession of any such statements.

22. If you claim that the violation of any statute, rule, regulation or ordinance is a factor in this litigation, state the exact title and section.

On the advice of counsel, and without limitation, N.J.S.A. 2C:14-9.

23. State the names and addresses of any and all proposed expert witnesses and attach true copies of all written reports provided to you by any such proposed expert witnesses.

With respect to all expert witnesses, including treating physicians, who are expected to testify at trial and with respect to any person who has conducted an examination pursuant to Rule 4:19, who may testify, state each such witness's name, address and area of expertise and attach a true copy of all written reports provided to you. If a report is not written, supply a summary of any oral report provided to you.

State the subject matter on which your experts are expected to testify.

State the substance of the facts and opinions to which your experts are expected to testify and a summary of the grounds for each opinion.

On the advice of counsel, and without limitation, Neil A. Glassman, LCSW, 717 North Beers Street, Suite 2B, Holmdel, New Jersey. See the attached report.

24. State whether you have ever been convicted of a crime.

YES () NO (XXX).

If the answer is "yes", state: (a) date; (b) place; and (c) nature.

TO BE ANSWERED ONLY IN AUTOMOBILE ACCIDENT CASES

25. Do you have insurance coverage and/or PIP benefits under an applicable policy or policies of automobile insurance? As to each such policy provide the name and address of the insurance carrier, policy number, the named insured and attach a copy of the declaration sheet.

If you are making a claim for property damage to a motor vehicle, provide answers to the uniform interrogatories contained in form B, questions 1 through 18.

Our File No.: C429

CERTIFICATION

I hereby certify that the foregoing answers to interrogatories made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

I hereby certify that the copies of the written reports or complete summaries of any oral reports of treating physicians or expert witnesses, annexed hereto, are exact copies of the entire written report or reports or complete summaries of any oral report or reports rendered by them, that the existence of other reports of treating physicians or expert witnesses, either written or oral, are unknown to me; and that if such reports become later known or available, I shall serve them promptly upon the propounding party, but in no case later than the time prescribed by the Court Rules.

DATED:

(Please print name above)